

Penwith Care Ltd

Penwith Care

Inspection report

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Date of inspection visit:

03 October 2016

05 October 2016

Date of publication:

11 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this focused unannounced inspection of Penwith Care on 3 and 5 October 2016. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in May 2016. At that time we found breaches of the legal requirements. We issued the provider with notices that required these issues be addressed by August 2016. This inspection was completed to ensure the necessary improvements had been made.

This report only covers our findings in relation to topics of concern identified during our previous inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Penwith Care on our website at www.cqc.org.uk.

Penwith Care is a domiciliary care agency which provides support to people in their own homes in and around St Ives Bay and Penzance. The service supported 65 people at the time of this inspection. The service normally provides short visits to support people to get up in the morning, to go to bed in the evening and to prepare meals during the day. However shortly before this inspection the service had begun to provide a 24 hour care package for one person.

Penwith care was led by a registered manager who owns the business. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection we found that staff had miss-recorded information about the length of care visits they had provided. At this inspection we found managers had taken action in order to prevent staff miss-recording information about the timing of care visits they had provided. Staff were no longer allowed to record information about visit times when not at the person's home. In addition the service had trialled the use of a mobile phone app to allow staff to report information about visit times and their current location to office staff in real time. These changes once fully introduced will prevent staff from miss-reporting visit time information.

In May 2016 people told us they were not receiving care visits on time or for the correct duration. Some people told us they felt rushed while receiving support and staff told us they had shortened the length of peoples' planned visits.

People now normally received their care visits on time and we found no evidence of planned visits having been missed. Non-one told us they felt rushed during their care visits and people's comments included, "I am definitely safe", "Visits times are consistent" and "Sometimes they are a bit late but only once have they been very late." While staff said they had sufficient time to travel between care visits. Since our previous inspection a new system had been introduced to allow staff to record and explain why a care visit had been shorter than planned.

In May 2016 the service had not made necessary safeguarding alerts or appropriately investigated accidents and incidents. At this inspection we found that all accidents and incidents had been fully investigated by the service's management team. Records showed staff had received additional training on how to safeguard people from abuse and the service had recently made appropriate referrals to the local authority to ensure a person was protected from possible abuse.

In May 2016 we identified an ongoing failure to provide staff with training, which the service had identified as necessary. At this inspection staff had been provided with significant additional training to ensure they were sufficiently skilled to meet people's needs. Staff told us, "I have done all the online training and moving and handling as well" and "They send out online training for you to do and check that you have done it." In addition, 13 staff were in the process of completing diploma level qualifications in care. Recently recruited staff were in the process of completing the care certificate. People told us their care staff had sufficient skills to meet their needs and commented, "They all seem very very nice and very very helpful" and "The carers are fantastic, they really are first class."

The service's management structures experienced significant changes during our previous inspection. At this inspection we found there had been no changes to the service's management structure and that the roles and responsibilities of each manager were clear and well understood. During this inspection office staff took an open and honest approach to the inspection process.

In May 2016 the service's visit planning systems were disorganised and staff had not received weekly visit schedules. At this inspection the service's office systems were more organised and visit schedules had been provided to staff a week in advance. Staff said, "We know seven days in advance what to do" and "It is much much better, they have looked at the routes and they all make sense now."

A new information management system had been trialled since our last inspection and staff were now able to access details of people's care plans, their visit schedules and share information with office staff using a secure mobile phone application. This trial had been successful and staff told us, "The app is quite helpful" and "It is relatively straight forward and you can write a note to the office on it." Managers told us they intended to provide all staff with dedicated mobile phones to enable this system to be used in future to record and share information about all of the service's care visits.

We found improvements had been made to the service's quality assurance system and that available information about visit times was now sampled by managers. Where any discrepancies were identified these were investigated.

The commission recognises that the service has made significant improvements since our previous inspection. We will return in the future to ensure these improvements are sustained and further progress is made to ensure the care provided consistently meets people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Although people now routinely received their care as planned these improvements need to be sustained in order to ensure people's safety.

Managers had taken action in order to prevent staff misreporting information about the timing of people's care visits.

Recruitment procedures were safe and managers had appropriately raised concerns about people's safety with the local authority.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were sufficiently skilled to meet people's care needs and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Good ●

Is the service well-led?

The service was not entirely well led. There service was more organised and the responsibilities of office staff were now well defined.

Quality assurance systems had improved and appropriate routine comparisons of available information about people's visit times had been completed.

New information management systems were in the process of being introduced.

Requires Improvement ●

Penwith Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 5 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

A comprehensive inspection of Penwith Care was completed in May 2016 during which four breaches of the regulations were identified. This focused inspection was completed to check that improvements had been made to address these areas of concern. We inspected the service against three of our five key questions areas where issues had been identified during the May inspection. Prior to the inspection we reviewed all of the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited three people at home and spoke with another six people by telephone. We also spoke with nine members of care staff, the registered manager, finance manager and compliance manager. We also inspected a range of records. These included six care plans, five staff files, training records, staff duty rotas, call monitoring information and the services policies and procedures.

Is the service safe?

Our findings

Our inspection in May 2016 found that people routinely did not receive their care visits as planned. Some planned care visits were not provided on time or for the correct duration. A number of staff told us they had shortened the length of people's planned care visits and this meant people were not receiving the support they required. In addition, we found evidence that demonstrated staff had miss-recorded information on the length of care visits provided in both daily care records and via the service's electronic call monitoring systems. This meant the service was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the managers had taken significant action to prevent staff from miss-recording information about visit timings. The registered manager had banned the use of the system that staff had previously used to miss-record information on the electronic call monitoring system and told us, "Strict instructions have been sent out about visit times." In addition, a second mobile phone based monitoring system was in the process of being introduced. This new system will enable staff to record their arrival and departure times from all planned care visits. In addition, information about the phone's GPS position was also recorded to ensure staff were at the correct location when they recorded visit time information. This new system had been successfully trialled using staff mobile phones and at the time of our inspection the service was in the process of acquiring 30 mobile handsets to enable all staff to record all visits on the system.

During this inspection we reviewed information about the timing of care visits from daily care records and both of the service's call monitoring systems. We found significant improvements in the consistency of people's visit times. Visit schedules now reflected people's preferences in relation to the timing of their care visits and we found people were now regularly receiving care from staff who they knew well. People told us they had noticed improvements in consistency and one person said, "I usually have the same couple [of care staff] all day."

Our analysis of call monitoring information and daily care records showed that people were now regularly receiving their planned visits on time. However, during the morning of our inspection we found that staff were running late in one area and that visits were not being provided in accordance with the planned schedule. People who had received late visits on the day of our inspection told us this had not had any adverse impact.

We asked people about the timing of their care visits and were told, "Visits times are consistent", "Sometimes they are a bit late but only once have they been very late" and "The traffic round the harbour can be a nightmare but that is out of their control." Staff told us, "We get enough travel time" and we found that the service's visit schedules now included appropriate amounts of travel time between consecutive care visits. Where staff provided visits that were significantly shorter than planned they were now required to explain to a manager why the care visit had been shortened. For example, we saw one person's evening care visits had been shortened as they had not required all of the planned support.

People told us "They always turn up, they have never missed a visit" and none of the staff we spoke with were aware of planned care visits having been missed. During our analysis of visits timing information and daily care records we found no evidence of missed care visits.

These improvements meant the service was no longer in breach of the requirements of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the May 2016 inspection we found that the service did not use appropriate systems for documenting accidents and incidents and that the service had failed to make appropriate safeguarding alerts to the local authority. This meant the service was in breach of the regulations. The commission recognises that the service has made significant improvements since our previous inspection. We will return in the future to ensure these improvements have been sustained and that people consistently receive their planned care at the times required.

At this inspection we found a new system had been introduced for the reporting and recording of accidents and near misses. A minor incident had occurred over the weekend prior to our inspection. This incident had been reported via the service's new mobile phone communication application and managers were in the process of reviewing this information to identify if any further action was needed to protect the person.

Since our previous inspection all staff had completed safeguarding training and when asked staff were able to explain how they would respond to incidents of possible abuse. The registered manager told us, "We made a safeguarding alert" and records showed the service had appropriately reported a concern about an individual's safety to the local authority for further investigation. Information about local safeguarding arrangements was available within the service's offices and the service's safeguarding and whistle blowing policies accurately reflected current local procedures.

These improvements in relation to both accident investigation and the service's safeguarding procedures meant that the service was no longer in breach of the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People consistently told us they felt safe while receiving care and support from Penwith care. People's comments included, "Oh yes I feel safe", "I do feel safe" and "I am definitely safe." While staff told us that the people they supported were safe and well cared for.

We found there were sufficient staff available to provide all of the service's planned care visits. Staff recognised that there had been an increase in staffing levels since our previous inspection. Staff comments included, "Agency staff were used in August but not in September", "I think they have more staff now so it is not a problem" and "I think the staff situation has got a bit better." The service operated an on-going recruitment campaign and during our inspection one recently recruited staff member was shadowing a more experienced colleague. Recruitment practices were safe and all necessary pre-employment checks including disclosure and barring service checks had been completed.

Is the service effective?

Our findings

In May 2016 we found there was an ongoing breach of the requirements of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had failed to comply with its own policies in relation to the training and induction of new members of staff. We found staff had not received training the provider had identified as necessary. In addition, training that staff had completed while employed by other care providers had been accepted as evidence of staff member's competence without any assessments of their individual skills.

At this inspection we found the service's training processes had been reviewed and updated. The compliance manager was now responsible for arranging training events and ensuring staff completed allocated on line training tasks. Staff training records showed that since our previous inspection all staff had completed significant additional training. Staff told us training had improved at Penwith Care and commented, "I have done all the online training and moving and handling as well", "I did health and safety last night", "I've been to Truro to do my manual handling training in the last couple of months" and "They send out online training for you to do and check that you have done it." We found the service now had an appropriate system for managing staff training needs and that planned staff training courses were now recorded on the visit scheduling system. The visit scheduling system for the week of our inspection showed that four staff were due to complete an externally provided moving and handling training course.

Staff reported they had been encouraged to sign up for diploma level training in health and social care and managers told us that 13 staff were currently in the process of completing this training. In addition, staff said they were now able to request supplementary training in subject areas they were particularly interested in. Staff comments included, "The training is useful and I can ask for extra and they will arrange it", "I am doing my diploma at the moment" and, "I asked for extra training about how to support people with dementia and I have done two or three extra courses about dementia now."

Records showed all staff now completed formal induction training before they were permitted to provide care independently. New staff initially received training on the service's policies and procedures before completing a number of shadow shifts where they observed experienced colleagues providing support. One recently appointed staff member told us, "The training was all right, I had three weeks shadowing and now I am on doubles." Since our previous inspection all staff new to the care sector had been required to complete the care certificate training. This nationally approved training is designed to ensure new staff understand current best practice in the provision of care and support.

We found that the service had continued to accept training certificates from previous employers as evidence of staff skills and competence. However, these certificates were only now accepted where the service's managers had previous experience of the quality of training staff had received. During our inspection we discussed this issue with the service's compliance manager who demonstrated these staff were sufficiently skilled to meet people's care needs.

People told us their staff from Penwith Care Limited were sufficiently skilled to meet their individual care

needs. People's comments included, "They all seem very very nice and very very helpful", "They are just so good, they have put me at my ease", "The carers are fantastic, they really are first class" and "I don't know how I would manage without them."

These significant improvements to the induction process combined with the increased levels of staff training meant staff were now sufficiently skilled to meet people's care and support needs.

As a result the service is no longer in breach of the requirements of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff records showed that most staff had received supervision, where a manager observed their individual practice and provided feedback on performance since our last inspection. Staff told us, "My last supervision was about two months ago, it was without warning. They were there when I arrived and watched me do the visit and talked to me about what had happened." "[The compliance manager] did that with me last month" and "I had a supervision a few weeks ago, I have never had one before so that was good."

The service had not yet completed any staff annual performance appraisals. However managers were aware of this issue and planned to begin staff appraisal meetings in late October. Manager's explained their intention to review staff performance using information on visit times from call monitoring systems, to discuss staff development and to provide training on the service's new mobile phones and associated call monitoring application as part of these meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed MCA training since our previous inspection and were now more aware of issues in relation to people's capacity to make decisions independently. Where people lacked the capacity to make specific decisions, the service had appropriately involved appointees in necessary decision making processes.

People told us staff respected their decisions and they felt in control while receiving care and support. People said, "We say what we want doing and they do it", "They definitely treat me with respect" and "We talk between us and agree what to do." One staff member told us, "We don't force people to do things. We, I would say, prompt people and if they refuse we will try again later. But it is all about encouragement really, lots and lots of encouragement."

Is the service well-led?

Our findings

In May 2016 we had concerns as the registered manager had failed to exercise appropriate oversight of staff responsible for managing staff training needs. Quality assurance systems were not sufficiently robust to ensure people had received their care as planned. This was a breach of the regulations.

During our previous inspections in June 2015 and May 2016 we found that the service was in the process of making significant changes to its management structures. In May 2016 a management consultant left the service during the inspection process and as a result the service's finance manager and compliance manager took on significant additional responsibilities.

At this inspection we found there had been no changes to the management team since our previous inspection. Each manager's roles and responsibilities were now clearly defined and well understood. Staff recognised that the service management systems had significantly improved and told us, "It is definitely more organised everything is up to scratch now", "It has improved, really it has" and "I have noticed a change. It seems to be a lot more organised and they respond now to any problems we report." The registered manager said, "We are absolutely more organised now" and "I believe having [the finance manager] in the office has helped a lot." While the finance manager commented, "We are more ahead of the game now."

The service had not grown since our previous inspection and managers recognised that rapid growth had caused some of the issues identified during our previous inspection. The registered manager was now well supported by the management team and there were now appropriate management systems and processes in place. The register manager told us she felt confident that the service would operate smoothly during a planned period of leave.

During the initial stages of our previous inspection the management team's approach had not been entirely open and some information provided was contradictory. At this inspection we found the registered manager and office team were open and transparent throughout the inspection process.

The registered manager and compliance manager clearly knew people well and were able to describe in detail people's individual care and support needs. Staff told us they had more confidence in their ability to access support via the services on call manager system. Staff comments included, "The on call phone is always being answered now" and "Every time I have a query, the on call phone always gets answered. I know I can call in an emergency and that will give me clear instructions on what to do."

At our previous inspection we found that the service's visit planning systems were disorganised. Staff only received visit schedules for three days at a time and were regularly asked by managers to provide additional care visits at short notice.

At this inspection we found there was now a dedicated member of staff who was responsible for organising visit schedules. This staff member had previous significant logistics experience and had provided care visits

for three months, to gain a better understanding of how the service operated, before taking on these duties. We reviewed the visit schedules for the week of our inspection and found they had been completed in full. Staff were now routinely provided with visit schedules one week in advance and on the day of our inspection work was underway on the development of the visit schedule for the following week. Staff told us their visits schedules were now logical, better organised and reported that they were now less frequently asked to provide additional care visits. Their comments included, "[The visit schedule] is a week in advance all the time now. That is an improvement", "We know seven days in advance what to do" and "It is much much better, they have looked at the routes and they all make sense now."

In addition people told us they normally now received a copy of their visit schedule so they knew who was due to provide each care visit. However, people told us they had not received this information for the week of our inspection. People's comments included, "I've got a plan so I have a vague idea of who is coming and what time" and "I normally have a rota but it hasn't come this week" and "I have a list so I know who is coming." One staff member told us, "People get a copy of the rota now so they know who will be coming. I know because I see them in people's homes and people seem to be happy with that."

In May 2016 the service's quality assurance systems were inappropriate. As they had failed to identify the numerous issues raised during the inspection process and available information had not been appropriately analysed.

At this inspection we found that the service's quality assurance processes were in the process of improving. A new information management and call monitoring system was being introduced. Office based staff used the system to record all information they received and where action was required by another member of office staff they were able to forward this information as a task to the specific staff member and ensure it was completed. For example, during the morning of our inspection the compliance manager received a call requesting that a planned care visit be cancelled. This information was recorded on the system by the compliance manager and a new task sent to the staff member responsible for visit scheduling to make the requested change. Once the visit schedule had been changed the staff member recorded that the assigned task had been completed. Although this system had been recently introduced we saw it was being used effectively by some office staff while others were working to improve their understanding of how the system operated. Where the system was used correctly it was now possible for inspectors to establish how service had responded to each piece of information office staff had received. During this inspection people's relatives again told us that information was not always passed on effectively. However, once fully operational the new information management system should address these concerns.

Care staff were also able to access some aspects of the system via a mobile phone application. Using this system staff could access care plan summary's, record their arrival and departure times from each visit and securely share information with the office and other staff about any observed changes to people's care needs. This system had been successfully trialled and the service was in the process of purchasing mobile phones for all staff. Staff spoke positively about these new information sharing systems and told us, "The app is quite helpful", "It's really really good, it gives you a brief out line of what to do" and "It is relatively straight forward and you can write a note to the office on it."

The finance manager and compliance manager were now routinely comparing information about visit times recorded on call monitoring systems with daily care records. Where issues were identified these were investigated and discussed with the staff involved to ensure people had received their planned care and support. We found staff were now more regularly recording information via the electronic call monitoring system and the manager told us that the introduction of the new mobile phone app should enable all staff to also record all visits via the mobile phone app.

At this inspection people's feedback on the service's performance had significantly improved. People's comments included, "They have been exceptional I could not wish for better", "I have spoken to [the registered manager] I told her how happy I was with the staff." Records showed managers had fully investigated and taken appropriate action to resolve the small number of recently received complaints.

The significant improvements found during this inspection combined with the introduction of new information management systems meant the service is no longer in breach of the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further improvements are necessary and we will return in the future to ensure these improvements are sustained and the additional systems are effectively introduced.